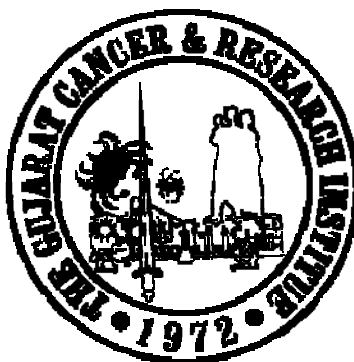


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# THE GUJARAT CANCER & RESEARCH INSTITUTE

## AHMEDABAD



*Cancer is Curable If Detected Early*

# HOSPITAL CHARGES

Updated on 13/06/2017

**New Civil Campus, Asarwa, Ahmedabad-380016**  
**Phone : 91-079-22688000 # Fax : 91-079-22685490**  
**Web.:<http://www.cancerindia.org> E-mail : [gcriad1@bsnl.in](mailto:gcriad1@bsnl.in)**

## THE GUJARAT CANCER & RESEARCH INSTITUTE AHMEDABAD

### STANDARD CHARGES / HOSPITAL RATE

1. **General Category:** General category patients are charged minimum possible. Gen. category patients will be given 50% subsidy of standard charges.
2. **Bed Charges :**

GENERAL WARD	Standard Charge per day
1. Bed charge in General Ward Patient except BPL category.	50/-

SPECIAL ROOM	Standard Charge per day
1. Special Room A/C Ground Floor	2200/-
2. Special Room A/C First Floor	2200/-
3. Semi Special Room A/C First Floor (Two Beds Sharing)	1100/-
4. Special Room Non-A/c (Second Floor)	1100/-
5. Neuro Special Room (Third Floor)	2200/-
6. BMT Patient Room	3000/-
7. New BMT Recovery Cot No-1 & 2	1000/-
8. Day Care Chemotherapy Room (8.00am to 8.00pm)	600/-
Note : 50% Charges to be charged from patients who require special room for chemotherapy administration upto 8 hours.	

Patient who wants to go for special room or semi special room, will be entitled for treatment at special room premises. Special room patient will be provided special attention in the OPD as well as priority in all investigations including CT Scan, Ultrasound, Radio Isotope Care. Special room A/C patients will have to deposit an advance amount of Rs. 5000/- before admission while special room Non-A/C patients will have to deposit Rs. 3000/-.

3. **State Government patient** will be given services as per rules and regulations of the State Government. They will be provided treatment of the special or general category as per the desire of the patient. The cashless services for State Govt. Patients is under process with the Gujarat Govt.
4. **B.P.L** : B.P.L. will be given free treatment planned by the Head of respective Units.
5. **GCRI staff** will be given all free treatment of the cancer. GCRI staff members who are treated by GCRI doctors for minor ailment will be treated free at GCRI. Treatment which is not available at GCRI, and requires indoor treatment they will be referred to concern hospital for treatment. They will be eligible for reimbursement of the treatment charges as per hospital rules. However, GCRI staff and their dependent who require special investigation available at GCRI will be provided free.
6. **Advance Payment** : Patient is required to pay advance as follows for hospital services including Investigation, drugs, room charges etc:

Sr.		Gen. Ward	Special Room
1	Indoor Patients	2000/-	10000/-

#### **Post Op. & Medical ICU Charges**

Sr.		General Ward	Special Room
1	ICU Charges ( Post Op.)	300/-	600/-
2	Medical ICU Charges	300/-	600/-

❖ **VENTILATOR CHARGES**

Ventilator Charge	General Charges Per Day	Standard Charge per day
General Ward	600	0
Special Room	0	2200

❖ **ECG CHARGES (no change in proposal)**

ECG Charge	General Charges Per Day	Standard Charge per day
General Ward	60	0
Special Rooms	0	110/-

❖ **ECHOCARDIOGRAPHY CHARGES**

General Ward	300	0
Special Rooms	0	550

❖ **CHEMOTHERAPY Administration Charges Per Day**

General Ward	.110
Special Rooms	.220

- NO charge for Intra muscular chemotherapy.

❖ **Physiotherapy charges**

	Standard Charge per day
Pre-Operative Physiotherapy	.100/per week
Post-Operative Physiotherapy	.220/per week
Out door Patient (Non GCRI)	.60/per day

- NO charge for Intra muscular chemotherapy.

❖ **VISITOR CHARGES (Free visiting hours 4pm to 6pm in waiting hall of ward only, No visitor is allowed in Ward except one attendant.)**

**General Ward** : One attendant free. For other visitor pass charge .10/- per person (Except Free Visiting Hours)

**Post Operative Ward, ICU, OT patients & DSU (Endoscope) Room** : One attendant free, for additional pass .10/- per person

**Chemotherapy ward** : One attendant free, for additional pass .10/- per person.

**Special Room** : Two attendant free. For other visitor charge .100/- per person. (Except Free Visiting Hours ie. 4pm to 6pm)

**Follow up charge** for Special Room Patient is .100/-

**SPECIAL OPD FOLLOW UP FEES –(Medical/ Gynec/ Surg/ R.T) Rs.300/-**

### **DRUGS CHARGES**

All patients of the hospital are provided drugs at very subsidized charges from the drug store of The Gujarat Cancer & Research Institute OR Dr.T.B. Patel Drug Bank. run by The Gujarat Cancer Society.

### **SURGICAL CHARGES**

**N.B. :** This will include Anaesthesia charges, operation theatre charges, routine suture material. This will not include special instruments like stant, Jt.Stapler specialized suture material and Histopathology report. For histopathology charge Doctor In-charge has to fill the form and advise to pay amount and then form with specimen should be sent to Pathology Dept.

Sr.No	Minor, OPD , Daycare Procedures Charges	General Rates	Special Rates
1	ECG	60	110
2	ECHOCARDIOGRAPHY	300	550
3	CHEMOTHERAPY (Administration Charges)	110	220
	<b>PHYSIOTHERAPY / PROSTHETIC</b>		
4	Pre-Operative Physiotherapy (Per Week)	100	100
5	Post-Operative Physiotherapy (Per Week)	110	220
6	Out Door Patient (Non GCRI) (Per Day)	60	60
7	Prosthetic Lab	60	110
	<b>General Procedures</b>		
8	Bone Marrow Biopsy	830	1,650
9	Debridement	660	1,320
10	Dressing	60	110

11	Excision Bx	1,100	2,200
12	FNAC	330	660
13	Hickman Catheter Removal (	830	1,650
13A	Hickman Catheter Removal ( Under Local Anesthesia)	200	400
14	Hopkins's Examination	220	220
15	Insicion & Drainage	660	1,320
16	Insicional Bx	830	1,650
17	Knife Bx	830	1,650
18	L.N. Bx (Lymphnode Biopsy)	1,100	2,200
19	Punch Bx	100	200
20	Resuturing	660	1,320
21	Ryle's Tube Insertion	550	1,100
21A	Ryle's Tube Insertion ( Under Local Anesthesia)	50	100
22	Scoop Bx	100	200
23	T' Stomy Insertion	100	200
24	T' Stomy tube Change	100	200
25	Tooth Extractor under Ga	660	1,320
26	Trucut Bx	<b>100</b>	<b>200</b>
27	Wide Local Excision (WLE)	2200	4400
28	Foley's Catheterisation	60	110
29	BONE BIOPSY	700	1400
30	Bone Marrow Aspirate	550	1,100
31	Nerve Block with use of 'C' arm	400	800
	<b>Surgical Procedures (Minor)</b>		
32	Carotid Ligation	1,100	2,200
33	Colostomy	2,200	4,400
34	Colostomy Closure	2,200	4,400
35	Fistula Closure	1,100	2,200
36	Flap Cutting	1,100	2,200
37	ICD Insertion	660	1,320
38	ICD tube Change	<b>220</b>	<b>220</b>
39	Ileostomy Closure	2,200	4,400
40	Jejunostomy	2,200	4,400
41	Port Removal	830	1,650
42	Tapping (Pleural or Ascites)	830	1,650
43	Tracheostomy	830	1,650
44	Venesection	420	830
45	Node Biopsy	660	1,320
46	Resuturing	660	1,320
47	Dilatation of Urethra	1,100	2,200
48	THORACOCENTESIS	140	280

	<b>Endoscopy Procedures</b>		
48A	DLB + Bx under Ga	660	1,320
49	EUA under Ga	1,100	2,200
50	Proctoscopy Bx	830	1,650
51	Sigmoido Scopy Bx	1,100	2,200
52	Suspension Laryngoscopy Bx	1,100	2,200
53	D.L.B. & Tracheostomy	1,100	2,200
54	Cystoscopy	1,100	2,200
55	Nesophrayngoscopy	1,100	2,200
56	Bronchoscopy (Rigid) (B'Scopy)	1,100	2,200
57	Mediastinoscopy	1,100	2,200
58	Esophagoscopy (O'Scopy)	1,100	2,200
59	Triple Endoscopy	1,100	2,200
59A	Pleuroscopy	1,800	3,600
59B	Polypectomy/Stenting/Endoprosthesis/Banding**(Esophagoscopy/Gastroscopy/Colonoscopy/ERCP etc.)	500	1000
	<b>Minor Procedures by Anesthetists</b>		
60	Cavafix	830	1,650
61	Certofix	830	1,650
62	Epidural Catheter Insertion	830	1,650
63	L.P. Procedure	830	1,650
64	PICC	830	1,650
65	S.P. Block	630	1,650
65A	S.P. Block (in D.S.U under Local Anesthesia)	50	100
66	Viggo Insertion	<b>60</b>	<b>110</b>
67	P.F.T Charge	280	550
68	Central Venous Catheterisation (CVC)	830	1,650
	<b>Endoscopy at IVTC Center with HPE</b>		
69	Bronchoscopy	1,400	2,750
70	Colonoscopy	1,400	2,750
71	E.R.C.P	2,750	5,500
72	Fiberoptic Gastroscopy	1,400	2,750
73	Gastroscopy - Endoprosthesis Procedure (* Prosthesis Charge Extra)	1,400	2,750
74	Intra Luminal R.T	1,400	2,750
75	PEG-IVTC Procedure	1,650	3,300
76	RT-Insertion Charge (Wire guided)	550	1,100
76A	Anesthesia for Minor Procedure at GCS	500	500
	<b>Gynaec Procedure</b>		
77	Leep/Biopsy/EUA/D&C	660	1,320
78	Cone Biopsy	660	1,320
79	Pyometra Drainage	660	1,320

80	Resuturing	660	1,320
81	Gynec Endoscopy Procedure	830	1,650
82	D. & C.	660	1,320
	<b>Others Charges</b>		
83	File Missing Charges	50	50

**ONCOLOGY OPERATIONS**

		<b>MINOR OPERATION</b>		
12	O_MINOR1	Lumpectomy, STG, Resuturing, Minor excision with primary closure, minor Intra Oral excision, SOHD, Ophrectomy, Orchidectomy, Gastrostomy, Jejunostomy, Colostomy C.J, G.J. or Colonic bypass, D&C laser <b>Uro Oncology</b> :Dilatation-Internal Urethorotomy , Cystoscopy, Cystoscopic biopsy, Bilateral Orchiectomy, Partial amputation of penis	2200	4400
13	O_MAJOR_A	<b>MAJOR OPERATION_A :</b> Major excision with node dissection, simple composite resection, RND, MND, MRM, RM or CBS, Thoracotomy, THE, Gastric, Thyroid surgery, Ovarian, Vulvectomy, RPLND, Nephrectomy amputation, disarticulation.	4400	8800
14	O_MAJOR_B	<b>MAJOR OPERATION_B :</b> Lung resection, Colonic or Rectum resection.	6600	13200
15	O_S_MAJOR	<b>SUPRA MAJOR OPERATION</b> Commando with flap reconstruction, Breast reconstruction, oesophagectomy, Pneumanectomy, Chest wall resection with reconstruction, Gastric resection with reconstruction, Hepatic resection, Pancreatic resection, Orthopaedic reconstruction, Cystectomy with diversion +	11000	22000
16	O_S_MAJOR+	Free Flap	4400	8800



**URO ONCOLOGY OPERATION**

SR	CODE	DETAIL	General Charges	Standard Charge
1	OUMAJOR	<b>MAJOR OPERATION</b> TUR-Bladder tumor, Total amputation of penis	3300	6600
2	OUS_MAJOR	<b>SUPRA MAJOR</b> Radical Nephrectomy, Radical Cystectomy with diversion, Radical Prostatectomy, Laparoscopic Radical Nephrectomy, Amputation of penis with groin dissection, RPLND, Pelvic exenteration, Supra-Renal tumor Surgery	11000	22000
<b>GYNAEC ONCOLOGY OPERATION</b>				
3	GY_SCOPY	Cervical vaginal & Vulval biopsies, -Colposcopy with HPE Report	550	1100
<b>MINOR OPERATIONS with General Anaesthesia and HPE Report</b>				
4	GY_LEEP	-LEEP / Biopsy / EUA / D&C	660	1320
7	GY_CON	-Cone biopsy	660	1320
<b>Hysterectomy (Abdominal/Vaginal) with or without BSO</b>				
8	GY_HYS_LAP	-Staging Laparotomy	6600	13200
9	GY_HYS_BX	-Diagnostic laparoscopy with or without biopsy	6600	13200
10	GY_HYS_VULV	-Simple Vulvectomy	6600	13200
11	GY_HYS_INOP	-Inoperable	6600	13200
12	GY_HYS_HERN	-Hernia repair	6600	13200
<b>SUPRA MAJOR OPERATIONS</b>				
13	GY_SM_RED	-Redical hysterectomy (Werthims, Meigs with RPLAND	9900	19800
14	GY_SM_RED_VUL	-Redical Vulvectomy with bilateral groin dissection	9900	19800
15	GY_SM_OVERY	-Primary/Interval/Secondary cytoreductive surgery for ovarian cancer	9900	19800
16	GY_SM_ENDO	-Carcinoma endometrium surgeries	9900	19800
<b>Ultra radical Surgeries</b>				
17	GY_EXT	Extententions (Anterior/Posterior)	16500	33000

**PLASTIC SURGERY OPERATION**

SR	CODE	DETAIL	General Charges	Standard Charge
<b>SIMPLE MINOR</b>				
1	M_FLAPS	FLAP SIMPLE MINOR	3300	6600
2	M_MICROS	MICRO SIMPLE MINOR	6600	13200
3	M_SKULLE	EXTRACRANIAL SKULL BASE (SIMPLE)	13750	27500
<b>Complicated extra Major</b>				
4	M_FLAPC	FLAP COMPLICATED EXTRA MAJOR	8250	16500
5	M_MICROC	MICRO COMPLICATED EXTRA MAJOR	19250	38500
6	M_SKULLC	SKULL BASE COMPLICATED EXTRA MAJOR	22000	44000

**NEURO ONCOLOGY DEPARTMENT**

SR	CODE	DETAIL	General Charges	Standard Charge
1	N_MINOR	MINOR OPERATION	2200	4400
2	N_MAJOR	MAJOR OPERATION	7700	15400
3	N_SUPRAM	SUPRAMAJOR	11000	22000
4	N_SELE	SELECTIVE	13800	27500
5	N_DSA	DSA	4400	8800
6	N_SRS	SRS	44000	88000
7	N_SRT	SRT	30300	60500

**ORTHOPADIC DEPARTMENT**

SR	CODE	DETAIL	General Charges	Standard Charge
1	O_WIDEEEX	WIDE EXCISION	1650	3300
2	O_AMPU	AMPUTATION	1650	3300
3	O_DIS	DISARTICULATION	2200	4400
4	O_NAIL	NAILING	3300	6600
5	O_NAILBO	NAILING BONE GRAFTING	4400	8800
6	O_JOINT	JOINT REPLACEMENT	11000	22000

**LAPAROSCOPY**

SR	CODE	DETAIL	General Charges	Standard Charge
1.	O_LAP_D	Diagnostic Laparoscopy / Thoresoscopy	6600	13200
2.	O_LAP_S	Laparoscopic / Thorecoscopy Surgery	13800	27500

**OTHER CHARGES**

SR	CODE	DETAIL	General Charges	Standard Charge
1	HEALTH	HEALTH CHECKUP CHARGES	2000	2000
2	LIC_1	MEDICLAIM FORM PROCESSING FEES	100	100
3	LIC_2	DEATH CLAIM FORM PROCESSING FEES	200	200
4	LIC_3	INSURANCE CO/CONSULTANT PROCESSING FEES	500	500

**NUCLEAR MEDICINE ( RADIO ISOTOPE ) – ROOM NO. 52**

SR	CODE	DETAIL	General Charge	Standard Charge
1.	RISO_BOSC	BONE SCAN	970	1930
2.	RISO_BRSCP	BRAIN SCAN PLANAR	1100	2200
3.	RISO_BRSP	BRAIN SPECT	1100	2200
4.	RISO_DRCG	DRCG	550	1100
5.	RISO_HIDA	HIDA SCAN (HEPATOBILLIARY SCAN)	1100	2200
6.	RISO_I131W	I-131 WHOLE BODY SCAN (Special Test)	2800	2800
7.	RISO_I13110	I-131 THERAPY ( 10 mCi ) (Special Test)	5000	5000
8.	RISO_I13160	I-131 THERAPY ( 60 mCi ) (Special Test)	6600	6600
9.	RISO_I13180	I-131 THERAPY ( 80 mCi ) (Special Test)	11000	11000
10.	RISO_I131100	I-131 THERAPY ( 100 mCi ) (Special Test)	13500	13500
11.	RISO_I131150	I-131 THERAPY ( 150 mCi ) (Special Test)	17000	17000
12.	RISO_LIV	LIVER SCAN	1100	2200
13.	RISO_MECK	MECKLE'S GI BLEED SCAN	1100	2200
14.	RISO_MECE	MECKLE'S GI BLEED SCAN (EMERGENCY)	1100	2200
15.	RISO_MIBI	MIBI PARATHYROID SCAN	1950	3850
16.	RISO_MUGA	MUGA SCAN	1100	2200
17.	RISO_RENEC	RENAL SCAN ( EC )	1100	2200
18.	RISO_RENDM	RENAL SCAN (DMSA III)	1100	2200
19.	RISO_RENDT	RENAL SCAN (DTPA RENAL SCAN)	1100	2200
20.	RISO_RENTR	RENAL TRANSPLANT STUDY	1100	2200
21.	RISO_SR89	SR-89 THERAPY(Special Test)	66000	66000
22.	RISO_THY	THYROID SCAN	550	1100
23.	RISO_THYDM	TYHROID SCAN (DMSA V)	1100	2200
24.	RISO_MAG3	MAG-3	1400	2750
25.	RISO_LUNG	LUNG PERFUSION SCAN (MAA)	850	1650
26.	RISO_MTBG	MIBG SCAN (Special Test)	9000	9000
27.	RISO_32P	32P THERAPY(Special Test)	9000	9000
28.	RISO_MPI	MP1 (STRESS TEST) (Special Test)	5000	5000
29.	RISO_MYOCA	MYOCALDIAL VIABILITY STUDY	1100	2200

**BLOOD BANK – ROOM NO. 48**

SR	CODE	DETAIL	General Charge	Standard Charge
1	GR	BLOOD GROUPING	45	90
2		IRRADIATION CHARGES FOR BLOOD /COMPONENT FOR RED CROSS SOCIETY	415	415
3	B_TRANSFUS	BLOOD TRANSFUSION CROSS MATCH/BOTTL	90	170
4	COO	COOMB'S TEST	75	120
5	BLD_IRR	BLOOD IRRADIATION CHARGES (OUTDOOR PTS)	830	830
6	IRR_PCV	IRRADIATED PCV	700	1200
7	IRR_PLAT	IRRADIATED PLATELE	300	600
8	B_PCV	PCV (PACKED CELL VOLUME /WHOLE BLOOD	600	800
9	B_PLT_CON	PLATELET CONCENTRATE	200	300
10	B_FRZ_PLSM	FRESH FROZEN PLASMA	300	400
11	B_CRYO	CRYOPRECIPITATE	300	400
12	SDP	Irradiated SDP	8200	8200
13	OSDP	Outside patients Irradiated SDP	10000	10000

**CENTRAL CLINICAL PATHOLOGY LAB– Room No. 404**

SR	CODE	DETAIL	General Charge	Standard Charge
1.	B_24_URINA	24 hr URINARY PROTEIN	220	440
2.	B_24_VMA	24 hr URINARY VMA	110	220
3.	AC	ACID PHOSPHATASE	150	300
4.	AL	ALBUMIN ( RFT/LFT )	40	70
5.	A	ALKALINE PHOSPHATASE [ LFT ]	40	70
6.	BL	BLOOD UREA (BUN)	40	70
7.	CHL	CHLORIDE ( CL )	60	110
8.	F	FB-PPBS-RB ( SUGAR TEST )	30	50
9.	GL	GLOBULIN ( RFT/LFT ) PROTEIN	30	60
10.	B_GTT	GLUCOSE TOLERANCE TEST	60	110
11.	B_LIPID	LIPID PROFILE	220	440
12.	B_SPECIMEN_MIN	OPERATED SPECIMENS- Minor (Wide Excision and Lymphnodes)	550	1100
13.	B_SPECIMEN_MAJ	OPERATED SPECIMENS- Major	1400	2750
14.	B_PH_PCO2	PH - PCO2 - PO2	170	330
15.	B_PLASMA_F	PLASMA FIBRINOGEN (Clauses Method)	250	500
16.	B_PL	PLASMA FIBRINOGEN	110	220
17.	PO	POTASSIUM – K	60	110
18.	AM	S. AMYLASE	70	140
19.	BI	S.BILIRUBIN [ LFT ]	60	110
20.	SGO	S.G.O.T. [ LFT ]	60	110
21.	SGP	S.G.P.T. [ LFT ]	60	110
22.	B_FIBRINOGEN	SERUM FIBRINOGEN	60	110
23.	SO	SODIUM ( NA )	60	110
24.	B_AC	SR. ACETONE	40	70
25.	CHO	SR. CHOLESTEROL	50	90
26.	CR	SR. CREATINE [ RFT ]	40	70
27.	B_ELECTR_S	SR. ELECTROLYTES [ RFT ]	110	220
28.	ME	SR. MEGNESIUM	110	220
29.	PH	SR. PHOSPHORUS	110	220
30.	CA	SR.CALCIUM	110	220

SR	CODE	DETAIL	General Charge	Standard Charge
31.	TP	TOTAL PROTEIN A/G RATIO [ LFT ]	50	90
32.	B_U	URIC ACID	90	170
33.	S_LDH	S.L.D.H	220	440
34.	AP	APTT	70	140
35.	HB	BLOOD HB	30	60
36.	B_SPUT_R&M	BLOOD SPUTM R & M	30	60
37.	B_CBC/PCV	CBC WITH PCV INDICES PLATELETS	110	220
38.	B_CRP	CRP (C-REACTIVE PROTEIN)	60	110
39.	B_CSF_CHOL	CSF FLUID CHEMISTRY - CHLORIDE	60	110
40.	B_CSF_PRO	CSF FLUID CHEMISTRY – PROTIEN	60	110
41.	B_CSF_SUGA	CSF FLUID CHEMISTRY – SUGAR	60	110
42.	B_CSF_R&M	CSF R&M	50	80
43.	B_FLU_CSFP	PLEURAL FLUID R & M	50	80
44.	ASC_FL_R&M	ASCITIC FLUID R & M	50	80
45.	OTH_R&M	OTHER FLUID R & M	50	80
46.	ES	ESR	30	60
47.	B_FDP	F D P	170	330
48.	B_FOETA_HB	FOETAL H.B.	110	220
49.	B_G6PD	G6PD TEST	110	220
50.	GAS ANA	GAS ANALYSIS	440	880
51.	B_HAEM	HAEM'S TEST	110	220
52.	B_HBTCPCDC	HB-TC-PC-DC	70	140
53.	B_LE_CELL	L.E. CELL	70	140
54.	B_OSMOTIC	OSMOTIC FRAGILITY	140	280
55.	B_PC	PC	40	70
56.	PCV	PCV BLOOD TEST	40	70
57.	PREGNANC	PREGNANCY TEST	110	220
58.	PT	PROTHROMBIN TIME [ PT ]	70	140
59.	PS	PS FOR MP AND MORPHOLOGY	40	80
60.	PTTK	PTTK TEST	70	140
61.	RAFACT	R A FACTOR	50	150
62.	RC	RC- BLOOD TEST	70	140
63.	SICKLING	SICKLING TEST	60	110
64.	STOOL	STOOL FOR OVA /CYST	60	110
65.	B_SUCROSE	SUCROSE LYSIS TEST	70	140
66.	B_UR_UROB	URINE UROBILINOGEN	40	80
67.	B_UR_ACET	URINE ACETONE	30	60
68.	B_UR_CRAV	URINE SP.GRAVITY	40	80
69.	UR	URINE EXAMINATION	20	40
70.	MTX_TEST	METHOTROXIN ( MTX ) TEST	550	1100
71.	CYCL_TEST	CYCLOSPORIN (CYCL) TEST	1000	2000
72.	IN	INORGANIC PHOSPHOROUS (RFT/LFT)	30	60
73.	B_DC	DC	50	90
74.	TC	TC BLOOD	40	80
75.	B_LAPA	LAPA Score	1000	1000
76.	B_IRON	IRON STAIN	140	280
77.	SER_LIP_R	Serum Lipase(Routine Test)	220	440
78.	SR.IR	Serum Iron	110	220
79.	TIBC	TIBC	110	220
80.	PELECTRO	S.Protein Electrophoresis	350	450
81.	HBELECTRO	S.Hb Electrophoresis	350	450
82.	SHE4	HE-4	800	1200
83.	IgA	IgA	180	250
84.	IgG	IgG	180	250
85.	IgM	IgM	180	250
86.	Kappa	Kappa	450	900

SR	CODE	DETAIL	General Charge	Standard Charge
87.	Lambda	Lambda	450	900
88.	Ascit_Bio	Ascitic Fluid –Biochemistry	60	100
89.	Pleural_Flu	Pleural Fluid -Biochemistry	60	100
90.	Other_Fluid	Other Fluid –Biochemistry	60	100
91.	BUN	BUN	40	70
92.	Trig	Triglyceride	40	80
93.	H.D.L.D	H.D.L.D	70	140
94.	Drain_Amly	Drain Fluid for Amylase	70	140
95.	Slide_Bonemr	Bone Marrow-Slide Review	180	350
96.	Speciman	Specimen Review	500	1000
97.	Anti-TG	Anti-TG Elecys	360	700
98.	IFX	Immuno fixation (IFX)	3000	3000

### **HISTOPATHOLOGY-CYTOLOGY – ROOM NO.412 & 401**

SR	CODE	DETAIL	General Charge	Standard Charge
1.	BB	BIOPSIES	220	440
2.	CY	CYTOLOGY – FLUID	100	180
3.	B_BIO_FROZ	FROZEN SECTION (BIOPSY-BIG SPECIMEN)	830	1700
4.	B_SLIDE_RO	SLIDE FOR REVIEW [H/P OUT SIDE]*	280	550
5.	SL	SLIDE FOR REVIEW [H/P WITH BIOPSY]	280	550
6.	SL_SP	SLIDE FOR REVIEW [H/P WITH SPECIMEN]	1950	3900
7.	B_CYTOL_SP	SPUTUM R.M. & CYTOLOGY	140	280
8.	BMBX	BONE MARROW BIOPSY/ASPIRATE(TRIPHINE)	550	1100
9.	LBC	Liquid Based Cytology (Gynec PAP Smear and Fluid)	300.00	300.00
10.	CELL BLOCK	CELL BLOCK	220.00	400.00
11.	B_LBCFLUID	LIQUID BASED CYTOLOGY FOR FLUID	250	300
12.	PAP	CONVENTIONAL PAP SMEAR	100	200

### **PHYSIOTHERAPY**

SR	CODE	DETAIL	General Charge	Standard Charge
1	P_CPR	INTERFERENTIAL CURRENT THERAPY	110	220
2	P_VISIT	VISIT CHARGE NEURILIZER & SPIROMETRY	110	220
3	P_N_SPIRO	PHYSIOTHERAPY EXERCISES CHARGE	50	100
4	PHY_RES	RESPIRATORY EXERCISE	70	140
5	PHY_GEN	GENERAL EXERCISE	50	100
6	PHY_OUT	PHYSIO- FOR OUTDOOR PT.	50	100
7		PHYSIO- FOR PEADIATRIC PATIENT: ONCE	50	50

**LIST OF COMMON BLOOD TEST**

SR	CODE	DETAIL	General Charge	Standard Charge
1.	HB_C	HB, TC, PC,DC	70	140
2.	HB_C	HBSAG, HIV	110	220
3.	BL_C	SR.BILIRUBIN, SGPT, SR.ALBUMIN	110	220
4.	CR_C	SR.CREATININ, SNA, S.K	110	220
5.	AP	APTT	70	<b>140</b>
6.	SLDH	SR. LDH	220	440
7.	B_U	SR. URIC ACID	90	170
8.	CA	SR. CALCIUM	110	220
9.	TP	SR. TOTAL PROTIEN, A/G RATIO	50	90

**PROSTHESIS**

<b>Sr. no</b>	<b>Prosthesis (Silicon Material )</b>	<b>Rates General</b>	<b>Rates Special</b>
1	Ear (M_S_Ear)	2100	4100
2	Eye	2000	3300
3	Eye with Cheek	3800	7400
4	Nose	2000	3300
5	Lip	1300	2500
6	Chin	1600	3300
7	Cheek	2100	4100
8	Neck	2100	4100
9	For Head	2100	4100
10	Thumb	1800	3300
11	Finger	1600	3300
12	Palm	5500	5500
13	Hand	8000 to 11000	8000 to 11000
14	Toes	3300	3300
15	Insole	5500	5500
16	Heel Support	5300	5300
17	Foot	11000 to 15000	11000 to 15000
18	Medial Adhesive	750	750
<b>Sr. no</b>	<b>Prosthesis (Acrylic Material )</b>	<b>New Rates General</b>	<b>New Rates Special</b>
1	Ear (M_AM_Ear)	450	800
2	Eye	250	500
3	Eye with Cheek	550	1120
4	Orbital	250	500
5	Ocular	250	500
6	Nose	500	800
7	Lip	250	500
8	Chin	250	500
9	Cheek	250	500
10	Neck	250	500
11	For Head	250	500
12	Dental Palate	300	500
13	V Mould	250	500
1	Breast (UForm) (M_S_B)	80	150



**RADIOLOGY – Room No. 106,107,114,117,129**

SR	CODE	DETAIL	General Charge	Standard Charge
1.	R_ANG_PERI	ANGIOGRAPHY (PERIPHERAL)	2200	4400
2.	R_ANG_EMBS	ANGIOGRAPHY+EMBOLIS.SUPERSELECTIVE	6600	13200
3.	R_ANG_EMB	ANGIOGRAPHY+EMBOLISATION	3300	6600
4.	R_ANG_ENBO	ANGIOGRAPHY+EMBOLISATION OUTSIDE PT	3850	7700
5.	R_BAR_ENE	BARIUM ENEMA	250	500
6.	BA	BARIUM SWALLOW	140	300
7.	R_BIL_STE	BILIARY/OTHER STENTING(EXC STENT CH	1380	2750
8.	R_BAR_MEA	BRARIUM MEAL FOLLOW THROUGH	250	500
9.	R_BAR_STO	BRARIUM MEAL(STOMACH+DUODENUM)	200	390
10.	R_COL_DOP	DOPPLER WITH FILM	280	550
11.	R_COL_DOPW	DOPPLER WITHOUT FILM	280	550
12.	EC	ECHOCARDIOGRAPHY	300	550
13.	R_FISTU	FISTULOGRAM/LOOPOGRAM/GASTROGRAFFIN	220	440
14.	R_IVP_IO	IVP(WITH IONIC)	330	660
15.	R_IVP_NIO	IVP(WITH NONIONIC)	550	1100
16.	M	MAMMOGRAPHY	280	550
17.	R_MAMO_DUC	MAMMOGRAPHY+DUCTOGRAPHY	330	660
18.	R_MAM_NEDL	MAMMOGRAPHY+NEEDLE LOCAL.INCL.NEEDL	1400	2750
19.	R_MAM_STBX	MAMMOGRAPHY+STBx	1400	2750
20.	MEMMO_REVI	REVIEW OF MEMMOGRAPHY	25	50
21.	R_MYE_NEDL	MYEOGRAPHY NEEDLE COST EXTRA	550	1100
22.	R_MYLE	MYLEOGRAPHY CT	550	1100
23.	O	OPG	200	390
24.	R_PCN	PCN	1100	2200
25.	XRAY-PLAIN	PLAIN X-RAY(INC.PORTABLE)PER PLATE	100	200
26.	XRAY-PLAIN-E	PLAIN X-RAY(INC.PORTABLE)PER PLATE (IN EMERGENCY)	170	330
27.	XRAY_REVIE	REVIEW OF X-RAY	25	50
28.	R_PTBD	PTBD	1380	2750
29.	R_PTC	PTC	550	1100
30.	R_RGU	RGU/CYSTOGRAM/URETHROGRAPHY	280	550
31.	R_SKEL	SKELETAL SURVERY	330	660
32.	R_SVC	SVC GRAPHY	1100	2200
33.	UG	USG GUIDED PROCEDURES(BIOP/DRAINAGE	280	550
34.	U	USG WITH FILM	220	440
35.	UW	USG WITHOUT FILM	170	330
36.	R_USG_PORT	USG (PORTABLE)	220	440
37.	PROC_REVIE	REVIEW OF SPECIAL PROCEDURE @BARIUM SWALLOW,BARIUM MEAL, IVP	25	50
38.	RADIO_STENT	Self expanding metallic Stent (procedure of percutaneous billiary stenting )	36,750.00	40,000.00

**C T SCAN – ROOM NO. 101**

SR	CODE	DETAIL	General Charge	Standard Charge
1.	CT_PLAINWOC	CT SCAN PLAIN SINGLE REGION (W/O CONTRAST)	900	1800
2.	CT_PLAIN_IO	CT SCAN PLAIN+IONIC CONTRAST SINGLE REGION	2200	4400
3.	CT_PLAIN_NIO	CT SCAN PLAIN+NON IONIC CONTRAST (SINGLE REGION)	2200	4400
4.	CT_PLAIN2WOC	CT SCAN PLAIN ANY TWO REGION (W/O CONTRAST)	1700	3300
5.	CT_PLAIN_2REG	CT SCAN PLAIN+IONIC CONTRAST ANY TWO REGION	1700	3300
6.	CT_PLAIN_N2REG	CT SCAN PLAIN+NON IONIC CONTRAST ANY TWO REGION	2800	5500
7.	CT_PLAIN_N3REG	CT SCAN PLAIN+NON IONIC CONTRAST ANY THREE REGION	3900	7700
8.	CT_PLAIN_M3REG	CT SCAN PLAIN+IONIC CONTRAST MORE THAN THREE REG.	2800	5500
9.	CT_PLAIN_NM3REG	CT SCAN PLAIN+NON IONIC CONTRAST MORE THAN 3 REG.	5000	9900
10.	CT_ANG_NIO	CT ANGIOGRAPHY WITH NON IONIC CONTRAST	3300	6600
11.	CT_BX	CT GUIDED BIOPSY	900	1800
12.	CT_BX_NIO	CT GUIDED BIOPSY WITH NON IONIC CONTRAST	2200	4400
13.	CT_COEL	CT GUIDED COELIAC BLOCK	1400	2700
14.	CT_REVIEW	CT SCAN REVIEW REPORT	170	330
15.	CT_EMERG	EMERGENCY CT SCAN	2800	3300
16.	CT_EMERG_CON	EMERGENCY CT SCAN +NON IONIC CONTRAST	2800	5500
17.	CT_OUTSIDE_EMER	OUT SIDE- EMERGENCY CT SCAN	3900	7700
18.	CT_RFA	CT GUIDED RFA (Lesion More than 4cm)	11000	22000
19.	CT_BONE_BX	CT GUIDED BONE BIOPSY	1400	2800

**M.R.I. Centre**

SR	CODE	DETAIL	General Charge	Standard Charge
1.	MRI_PL	MRI PLAIN SINGLE REGION	1700	3300
2.	MRI_PL_CON	MRI PLAIN CONTRAST SINGLE REGION	2400	4600
3.	MRI_PL_2REG	MRI PLAIN ANY TWO REGION	2500	4900
4.	MRI_PL_C2REG	MRI PLAIN + CONTRAST ANY TWO REGION	3300	6400
5.	MRI_PL_3REG	MRI PLAIN ANY THREE REGION	3300	6600
6.	MRI_PL_C3REG	MRI PLAIN + CONTRAST ANY THREE REGION	4100	7900
7.	MRI_PL_M3REG	MRI PLAIN MORE THAN THREE REGION	4100	7900
8.	MRI_PL_M3C	MRI PLAIN + CONTRAST MORE THAN THREE REGION	4600	9000
9.	MRI_CT_PACK	MRI CT SCAN PACKAGE ( SINGLE REGION)	3300	6600
10.	MRI_CT_PACK2	MRI CT SCAN PACKAGE ( TWO REGION)	3900	7700
11.	MRI_EMER	EMERGENCY MRI	2200	4400
12.	MRI_EMER_CON	EMERGENCY MRI WITH CONTRAST	3500	6800
13.	MRI_OUT_CON	OUT SIDE -EMERGENCY MRI – CONTRAST	3000	5700
14.	MRI_SCRE	MRI SCREENING PER REGION	600	1100
15.	MRI_SCRE_OUT	OUT SIDE - MRI SCREENING PER REGION	1100	2200
16.	MRI_REVIEW	MRI SCAN REVIEW REPORT	170	330
17.	MRI_ANGIO	MR ANGIO	1100	2200
18.	MRI_ANGIO_BR	MR BRAIN + ANGIO	2200	4400
19.	MRI_STUDY	MRI CONTRAST STUDY PLAIN STUDY	700	1100

**RADIOTHERAPY – Room No. 53 & 55**

SR	CODE	DETAIL	General Charge	Standard Charge
1	RT_BR_WGA	BRACHYTHERAPY WITH GA	1400	2800
2	RT_BR_WOGA	BRACHYTHERAPY WITHOUT GA	850	1700
3	RT_CTP	CT SCAN PLANNING	5500	11000
4	RT_CAST	RT + CAST+SIMULATOR (if required)	4400	8800
5	RT_SIMU	RT + SIMULATOR	4400	8800
6	RT_TPS	RT + TPS PLANNING	4400	8800
7	RT_CURATIV	RT CURATIVE	4400	8800
8	RT_PALLIAT	RT PALLIATIVE	2800	5500
9	RT_SIN_FRA	RT SINGLE FRACTION	1100	2200
10	RT_SRS	SRS *	55000	55000
11	RT_SRT	SRT *	66000	66000
12	RT_CTPSP	CT SCAN PLANNING + SPECIAL ORFIT CAST	6100	12100
13	RT_CASTSP	RT + SPECIAL ORFIT CAST	5500	11000
14	RT_SIMUSP	RT + SIMULATOR _ SPECIAL ORFIT CAST	5500	11000
15	RT_TPSSP	RT + TPS PLANNING + SPECIAL ORFIT CAST	5500	11000
16	RT_3DCRT	3-D CONFORMAL RADIOTHERAPY PACKAGE(Special Test)	28000	28000
17	RT_IMRT	INTENSITY MODULATED RADIOTHERAPY-PACKAGE*	39000	39000
18	RT_REIRR	REIRRADIATION CHARGE	2800	5500
19	RT_RETREAT	RETREATMENT CHARGE	2800	5500
20	IGRT	IGRT	55000	55000

**CELL BIOLOGY DEPARTMENT – Room No. 302**

SR	CODE	DETAIL	General Charge	Standard Charge
1.	FISH9_22	FISH TEST 9-22	2800	5500
2.	FISH15_17	FISH TEST 15-17	2800	5500
3.	FISH8_21	FISH TEST 8-21	2800	5500
4.	FISH12_21	FISH TEST 12-21	2800	5500
5.	FISH16_16	FISH TEST 16-16	2800	5500
6.	FISH11Q_MLL	FISH TEST 11Q – MLL	2800	5500
7.	FISH7Q	FISH TEST 7Q	2800	5500
8.	FISH5Q	FISH TEST 5Q	2800	5500
9.	FISHX_Y	FISH TEST X – Y	2800	5500
10.	FISHMULTI	FISH TEST MULTIPLEX (Special Test)	11000	11000
11.	CYTOLEUK	KARYOTYPING LEUK TEST	850	1700
12.	KARYOLEUKOS	KARYO LEUK TEST- OUT SIDE PATIENT (Special Test)	2500	2500
13.	H2N FISH	Her-2 Neu Fish	5000	7000
14.	EGFR	EGFR EXON 18,19,20,21 by Quantative Real Time ARMS-PCR	7000	9000

**SPECIAL R.I.A. Test – Room No. 301**

SR	CODE	DETAIL	General Charge	Standard Charge
1	S_AFP	ALPHA FETO PROTEIN [ AFP ]	300	600
2	S_CA125	CA 125	400	800
3	S_CEA	CARCINOEMBRYONIC ANTIGEN [ CEA ]	300	600
4	S_CORTI-S	CORTISOL-SINGLE ESTIMATION	300	700
5	S_ESTRADOL	ESTRADIOL ( RIA ) -EACH	300	600
6	S_FREET4	FREE T4	225	450
7	S_FSH	FSH (RIA TEST )	300	600
8	S_HCG	HUMAN CHRIONIC GONADOTROPIN [ HCG ]	300	600
9	S_LH	LH	300	600
10	S_HORMON-P	PARATHYROID HORMONE ( SINGLE EST.)	500	1000
11	S_PROLACT3	PROLACTIN (RIA)	300	600
12	S_PSA	PROSTATE SPECIFIC ANTIGEN [ PSA ]	300	600
13	S_TESTOST3	TESTOSTERONE (RIA)	300	600
14	S_TG	THYROGLOBULIN	350	800
15	S_T3	TOTAL T3	100	250
16	S_T4	TOTAL T4	100	250
17	S_TPOAB	TPO-AB	400	800
18	S_TSH	TSH	100	250
19	S_FT3	FREE T3	225	450
20	S_CA199	CA 19.9	500	1000
21	S_CORTI-SX	CORTISOL-SIX ESTIMATION	720	1440
22	S_CORTI-TH	CORTISOL-THREE ESTIMATION	420	850
23	S_CORTI-TO	CORTISOL-TWO ESTIMATION	300	550
24	S_FREE_T4T	FREE T4,TSH,TPO-AB	310	610
25	S_G.HORMON	GROWTH HORMONE	500	900
26	S_G.HORMFI	GROWTH HORMONE (FIVE EST)	1200	2000
27	S_G.HORMTH	GROWTH HORMONE (THREE EST)	900	1500
28	S_G.HORMT	GROWTH HORMONE (TWO EST)	750	1250
29	GH 5 EST	GROWTH HORMONE (FOUR EST)	1050	1750
30	S_T3T4TSH,TPO	T3,T4,TSH,TPO-AB	390	770
31	S_FT4,TSH,TPO	FREE,T4,TSH,TPO-AB	310	610
32	S_T3T4TSH,TG	T3,T4,TSH,THYROGLOBULIN	360	730
33	S_CA15.3	CA 15.3	500	990
34	S_VITD3	VIT D3	550	1100

**MICROBIOLOGY – Room No. 402**

Sr. No.	Test Code	Test Name	General Charges	Special Charges
1	BC_1	Blood Culture Peripheral Vein	1300	2000
2	BC_2	Blood Culture Central Catheter	1300	2000
3	BC_3R	Blood Culture Central Catheter (Red Lumen)	1300	2000
4	BC_3W	Blood Culture Central Catheter (White Lumen)	1300	2000
5	BC_3B	Blood Culture Central Catheter (Blue Lumen)	1300	2000
6	BC_3Y	Blood Culture Central Catheter (Yellow Lumen)	1300	2000
7	BC_4	Blood Culture Peripheral Vein & Central Catheter (Both)	2600	4000
8	FC_5	Fungal Culture (any Specimen)	700	900
9	NS_6	Nasopharyngeal swab C/S	1000	1500
10	SW_7	Sinus washings C/S	1000	1500
11	SBS_8	Surgical Biopsy Specimen C/S	1000	1500
12	SPP_9	Swab of posterior pharynx C/S	1000	1500
13	ST_10	Swab of Tonsils C/S	1000	1500
14	S_11	Sputum C/S	1000	1500
15	BS_12	(BAL) C/S	1000	1500
16	TS_13	Transtracheal Secretions C/S	1000	1500
17	LA/B_14	Lung aspirate/ Biopsy C/S	1000	1500
18	T_15	Tooth C/S	1000	1500
19	GDB_16	Gastric / Duodenal Biopsy (H. pylori)	100	150
20	StS_17	Stool Specimen C/S	1000	1500
21	RS_18	Rectal Swab C/S	1000	1500
22	U_19	Urine C/S	1000	1500
23	UC_20	Urine –Catheterized C/S	1000	1500
24	SAU_21	Suprapubic Aspiration of urine C/S	1000	1500
25	EPD_22	Eye- Purulent Discharge C/S	1000	1500
26	AD_23	Aspirate of Drainage C/S	1000	1500
27	DSPD_24	Deep swab of Purulent discharge C/S	1000	1500
28	POD_25	Post operative discharge C/S	1000	1500
29	FP_26	Frank Pus C/S	1000	1500
30	JA_27	Joint aspirate C/S	1000	1500
31	SB_28	Synovial Biopsy/Fluid C/S	1000	1500
32	BS_29	Bone specules C/S	1000	1500

33	US_30	Urethral swab C/S	1000	1500
34	PF_31	Pleural fluid C/S	1000	1500
35	AF_32	Ascitic fluid C/S	1000	1500
36	UCS_33	Uterine Cervix Swab material C/S	1000	1500
37	VS_34	Vaginal swab C/S	1000	1500
38	ET_35	Endotracheal Tube C/S	1000	1500
39	CT_36	Catheter tip C/S	1000	1500
40	TSTS_37	Tracheostomy Tube / Swab C/S	1000	1500
41	TM_38	Any Tissue Material C/S	1000	1500
42	CSF_39	Cerebrospinal fluid C/S	1000	1500
43	SOL_40	Aspirate from SOL C/S	1000	1500
44	BTM_41	Brain Tissue material C/S	1000	1500

**Microscopy**

Sr. No.	Test Code	Test Name	General Charges	Special Charges
45	WP_42	Wet Preparation	100	150
46	WP_42a	KOH Preparation	100	150
47	GS_43	Gram's stain	100	150
48	ZN_44	ZN stain	100	150
49	TO_45	Toluidine Blue 'O' stain (Pneumocystis Carinii)	100	150
50	S-OC_46	Stool for Ova/Cyst	150	200

**Serology**

Sr. No.	Test Code	Test Name	General Charges	Special Charges
51	HBs_47	HBsAg	60	120
52	HBsP_48	HBsAg Positive	60	120
53	HIV_49	HIV only	80	150
54	HIV-P_50	HIV Positive	350	350
56	HCV_52	HCV	70	130
57	HCV-P_53	HCV Positive	70	130
58	antiHBs_54	anti – HBs	220	300
59	HBe_55	HBeAg	250	300
60	antiHBe_55a	anti – HbeAg	250	300
61	antiHBc_56	anti – HBc	250	300
62	CMV-IgG_57	CMV – IgG	250	300
63	CMV-IgM_57a	CMV – IgM	250	300
64	HSV-IgG_58	HSV – IgG	200	300
65	HSV-IgM_58a	HSV – IgM	200	300
66	CRP_59	C- Reactive Protein ( CRP )	50	150
67	RA_60	R.A. Factor	50	150

68	RPR_61	RPR / VDRL	50	150
69	WT_62	WIDAL Test	100	120
70	BM_63	β2 Microglobulin	400	500
71	D-IgG/M_64	DENGUE IGG/IGM	450	500
72	MT_65	MALARIA	100	150
73	PCT_66	Procalcitonin	1300	3000

**IMMUNO-HISTOCHEMISTRY – Room No. 405**

IMMUNO-HISTOCHEMISTRY				
SR	CODE	DETAIL	GENERAL	STANDARD
1	ER	ER-PR	1250	1500
2	S_HER-OS	HER-2NEU ONCOPROTEIN	625	800
3	ERPHER	ER-PR and Her-2/neu	2000	2250
4	SINMAR	Single Marker	625	800
5	IMP	Immunohistochemistry Panel	2750	3500
6	IMMU_PH_A L	IMMUNOPHENOTYPING IPT/Acute Leukemia/CLPD Panel	5500	7500
7	CD34	CD 34 PERCENTAGE	1100	1500
8	PNH	PNH STUDY	2000	3000
9	FIVMAR	FIVE MARKER PANEL	3125	3750
10	LCP	LUNG CANCER PANEL	3125	3750
11	MUO	METASTASIS OF UNKNOWN ORIGIN	5000	6000
12	MRCTP	MALIGNANT ROUND CELL TUMOR PANEL	5000	6000
13	HDP	HODGKIN'S DISEASE PANEL	3750	4500
14	NHDP	NON- HODGKIN'S LYMPHOMA PANEL	5000	6000



**BIO-RESEARCH LAB – Room No. 305**

SR	CODE	DETAIL	General Charge	Standard Charge
2	IRON	SR.IRON	110.00	220.00
3	FLT-3	FLT-3 Mutations	3000.00	4000.00
4	JAK-2	JAK-2 Mutations	5000.00	6000.00
5	C-kit	C-kit Mutations	5000.00	6000.00
6	ISO12P	ISO12p FISH	7000.00	10000.00

**RECEPTOR GROWTH FACTOR Lab – Room No. 303**

SR	CODE	DETAIL	General Charge	Standard Charge
1	IGF-I	IGF-I	440	880
2	IGF-II	IGF-II	440	880
3	IGFBP-3	IGFBP-3	440	880
4	BCR-ABL	BCR/ABL Fusion Gene	3300	6600

**RATE CHARGE OF STOMA CLINIC DEPARTMENT**

CHARGES OF STOMA ITEMS			NEW RATES	
Sr. No.	Name of Items	Specifications	Category	
			General	Special/Outside Patient
1	Stoma bag close end with belt hook.	38 mm system one piece. Reusable	40	50
2	Stoma bag close end with belt hook.	45 mm system one piece. Reusable	40	50
3	Stoma bag close end with belt hook. (Blue Stoma beg)	50mm system one piece. Reusable	40	50
4	Stoma bag close end with belt hook.	60 mm system one piece. Reusable	40	50
5	Stoma bag close end with belt hook.	75 mm system one piece. Reusable	40	50
6	Colostomy belt	One piece system	60	70
7	Stoma drainable bags with belt hook	38mm system one piece. Reusable	40	50
8	Stoma drainable bags with belt hook	45mm system one piece. Reusable	40	50
9	Stoma drainable bags with belt hook	60mm system one piece. Reusable	40	50
10	Stoma drainable bags with belt hook	75 mm system one piece. Reusable	40	50
11	Stoma-Ass Pouch Cover	-	100	100

12	Pouch drainable with Adhesive with skin berrier (ILEO)	60 mm cutting	80	90
13	Pouch drainable with Adhesive	(disposable)	30	40
14	Pouch two piece system	45 mm	<b>70</b>	<b>80</b>
15	Wafer OR flange	45 mm	<b>140</b>	<b>150</b>
16	Pouch two piece system	57 mm	<b>70</b>	<b>80</b>
17	Wafer OR flange	57 mm	140	150
18	Wafer OR flange	70 mm	<b>140</b>	<b>150</b>
19	Pouch two piece system	100 mm	<b>400</b>	<b>450</b>
20	Wafer OR flange	100 mm	<b>550</b>	<b>600</b>
21	Urostomy Bag used with Face plate	Reusable	80	90
22	Face plate	32 mm	60	70
23	Face plate	38 mm	60	70
24	Urostomy bell – used with face plate	-	60	70
25	Double Sided Disk – DSD	4 x 4 Inch	40	50
26	Clips - Closure clips	-	30	30
27	Karaya Powder	20 gm	100	110
28	Stoma adhesive paste	60 gm	<b>330</b>	<b>350</b>
29	Wound Manager for Fecal Fistula	110 mm cutting	<b>750</b>	<b>800</b>
30	Skin barrier 4" x 4"	-	<b>110</b>	<b>120</b>

CHARGES OF STOMA ITEMS			RATES	
Sr. No.	Name of Items	Specifications	Category	
			General	Special/Outside Patient
1	Pouch for two piece system	38 mm	<b>70</b>	<b>80</b>
2	Water OR Flange	38 mm	140	150
3	Pouch for two piece system	70 mm	70	80
4	Water OR Flange	70 mm	140	150
5	Ostomy Bath Apron	-	70	80
6	Ostomy Appliance Remover	Foil Pack	25	30
7	Deoderant Gas Filter	-	25	30
8	Leg Bag for Urinary Bag Urine bag drainable	Capacity 500ml	30	35

9	Convex drainable bag with skin barrier	40mm cutting	275	300
10	Convex drainable bag with skin barrier	60mm cutting	275	300
11	Irrigation Set (TUR SET)	-	100	125
12	Urostomy pouch (two piece system)	57 mm	115	120
13	Appliance deodorant	-	300	325
14	Uro-SAC Night drainage bag with connection	-	40	50
15	Skin Prep	Protective Wipes	25	30
16	Irrigation Set Box ( for colostomy)	-	1500	1600
17	Hollister Wound 9778 Drainage Manager (Large)	10*20	1800	1900

SR	DENTAL PROCEDURES	GENERAL RATES	STANDARD RATES
1	I.O.P.A.R (Intra Oral Periapical Radiograph)	30.00	50.00
2	Amalgam Filling	30.00	50.00
3	G.I.C (Glair Ionomer Cement Filling ) Restoration	70.00	100.00
4	L.C.F (Light Cure Filling)	100.00	150.00
5	Temporary Filling	30.00	50.0
6	Emergency endodontic (R.C.T)	150.00	300.00
7	Extraction of Teeth	50.00	100.00
8	Surgical Extraction	100.00	200.00
9	Scaling	100.00	200.00
10	Guide Flange	50.00	100.00
11	Obturator (Interim & Surgical)	50.00	100.00
12	Obturator (Permanent)	150.00	300.00
13	Complete Denture (Single)	100.00	200.00

14	R.P.D (with one teeth +20 Rs./Teeth	50.00	100.00
15	F.P.D (Single Unit) (Fixed Partial Denture)	50.00	100.00

**Hospital charges will be applicable as per below mentioned table to diff. category:**

<b>Category Name</b>	<b>Applicable for Standard charge</b>	<b>Applicable for Subsidized Charge</b>
State Government (If admitted in Special Room )	<b>Yes</b>	No
State Government (If admitted in General ward )	No	<b>Yes</b>
Referred from Railway, Bank, CGHS etc.	No	<b>Yes</b>
ESIS, School Health, SC/ST, ESIC & BPL, Pensioners, Prisoners.	No	<b>Yes</b>

- Subsidy will not be applicable on special test.
- Standard charges will be applicable for patient taking treatment under special category.

**LIST OF SPECIAL TEST**

<b>NAME OF TEST</b>	<b>Charges without Subsidy</b>
<b>Nuclear Medicine (Radio Isotope) Room no.52</b>	
I-131 Whole body scan (RISO_131)	2800
I-131 Therapy (10 mCi)	5000
I-131 Therapy (60 mCi)	6600
I-131 Therapy (80 mCi)	11000
I-131 Therapy (100 mCi)	13500
I-131 Therapy (150 mCi)	17000
SR-89 Therapy	66000
MIBG SCAN	9000
32P THERAPY	9000
MP1 (STRESS TEST)	5000
SAMERIUM-153 Therapy	10000
PET CT SCAN TEST - Rs.13000 <b>GEN. CATEGORY</b>	13000
PET CT SCAN TEST - Rs.15000 <b>SPEL. CATEGORY</b>	15000
PET CT SCAN <b>REVIEW</b> Charge-	1000
PET CT <b>Guided biopsy</b> charge-	2500
PET CT Bone Scan	2000
Octreotide Scan charges	14000
<b>Blood Bank Room no.48</b>	
Aphaeresis charges (SDP)	8000
Irradiated SDP	8200
Outside patients Irradiated SDP	10000
<b>Radiotherapy Room no.53 &amp; 55</b>	
SRS	55000
SRT	66000
3D Conformal Radiotherapy Package	28000
Intensity Modulated Radiotherapy Package	39000
<b>Cell Biology Department Room no.302</b>	
Fish Test Multiplex	11000
<i>Karyo Leuk Test -Outside Patient</i>	2500
<b>MicroBiology Department Room no.402</b>	
<i>Blood Culture</i>	1100
<i>Blood Routine Culture</i>	900
<b>Central Clinical Pathology Lab– Room No. 404</b>	

D-Dimer	900
<b>Radiology Self expanding metallic Stent (procedure of percutaneous biliary stenting )</b>	<b>36,750(Gen.Rate)</b>
	<b>40,000(Sp.Rate)</b>

**Following tests are performed at SNGEN Lab,Surat**

*(SNGEN Lab Mou dated 31.7.2015/order no GCRI/FM/5744 dated 4.8.2015)*

Sr.No	Test Name	General Rate	Special Rate
1	CMV QUALITATIVE	700	700
2	HBV QUANTITATIVE	2500	2500
3	HCV QUANTITATIVE	2500	2500
4	X & Y Chimerism	2500	2500
5	VNTR Chimerism Study	0	0
6	BCR/ABL QUANTITATIVE [MbcR-CML]/[mbcr-ALL]	3000	3000
7	PML/RARA QUANTITATIVE	3000	3000
8	HLA A, B, DR	8000	8000
9	Parvo Virus QUALITATIVE	2000	2000
10	FISH Her-2 Neu (H2N)	5000	5000
11	FISH PDGFR $\alpha$	3000	3000
12	FISH BCR/ABL	3000	3000
13	FISH PML/RARA	3000	3000
14	Imatinib Resistance Mutation Analysis[IRMA]	5500	5500
15	FLT3	3000	4000
16	JAK2	5000	6000
17	CMV QUANTITATIVE	2000	2000
18	EBV QUALITATIVE	2000	2000